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SURGICAL LECTURES.

Theatre, St. Thomas's Hospital.

LECTURE 72.

On Dislocations of the Thigh Bone.

GENTLEMEN,

It is exceedingly curious and interesting, both to the physiologist and to the surgeon, to observe the efforts set up by nature for the restoration of lost or injured parts. And in no instance is this more conspicuous, than in dislocations of the thigh bone which have remained long unreduced. Here, gentlemen, are some beautiful specimens (referring to what were on the table), in which you may see the accommodation of the head of the bone to the surfaces with which it has been brought into contact;—here are new capsular ligaments, produced from condensations of cellular tissue;—here are new acetabula, formed by the pressure of the heads of the bones, causing a partial absorption of the bones on which they rest, assisted also by the deposit of matter in the surrounding parts, resembling cartilage. In this preparation particularly, which is a dislocation into the foramen ovale, you see the obturator externus completely absorbed, as well as the ligament of the foramen ovale, and its place occupied by a deposit of ossific matter. Bone is also deposited around the foramen, so as to form a deep socket, in which the head of the thigh bone is enclosed, and surrounding its neck so closely that you could not remove the bone without breaking the edges of its new socket; this is extremely smooth on its inner surface, and allows of very extensive motion of the joint, which appeared to be limited only by the action of the muscles. The cartilage on the head of the bone remained, and the shape of the head itself very little altered; whilst the original acetabulum was nearly half filled by bone, so that it could not have received the head of the thigh bone, even if it had been attempted to be returned into its former situation. These preparations show the extreme folly of attempting a reduc-

tion after a certain time has been allowed to elapse; and they also show, that it is better to leave such cases to the degree of reparation which nature will ultimately produce.

I shall next speak of the *dislocation backwards*, or into the *ischiatic notch*.

The situation of this notch, with respect to the acetabulum in the natural position of the pelvis, you should accurately bear in mind, recollecting that it is placed behind the acetabulum, but at the same time above its level. And it strikes me, that it is the want of attention to this circumstance that has led some surgeons to describe this dislocation as having occurred downwards and backwards; they have done this from viewing the os innominatum detached from the trunk, and not considered its obliquity when connected with it. When the head of the bone, therefore, is thrown into this space, it is placed backwards and upwards with respect to the acetabulum; therefore, although I call it the dislocation backwards, you must remember that it is also placed a little upwards.

The head of the bone is placed on the pyriformis muscle, between the edge of the upper part of the notch and the sacrosciatic ligaments. Of all the dislocations of the thigh this is the most difficult to detect, because the length of the limb differs but little, and its position is not so much changed, as respects the knee and foot, as in the dislocation upwards. It is also the most difficult to reduce, because the head of the bone is placed deep behind the acetabulum, and requires to be lifted over its edge, as well as to be drawn towards it. This dislocation may be known by the following signs.—The limb is from half an inch to an inch shorter than the other, but usually not more than half an inch, and the toe rests against the ball of the great toe of the opposite foot. The natural prominence formed by the trochanter major is lost, but it still remains nearly at right angles with the dorsum, but it has a slight inclination towards the acetabulum. Except in very thin persons, you cannot feel the head of the bone, and then only by rolling it a little forwards. The knee and foot are turned inwards, but less so than in the dislocation upwards; the knee is only very slightly bent, and therefore is not so much advanced as in that dislocation. The toe touches the ground when the patient is standing, but not so the heel. Flexion and rotation are in a great degree prevented, from the

limb being so firmly fixed. Here *(showing a preparation)* is a very good specimen of this dislocation, which, from its appearance, must have been many years in its present situation. A new capsular ligament is formed, the original acetabulum is entirely filled up by a ligamentous substance; but there is no attempt made to form a new bony socket for the head of the bone.

This dislocation is produced by the knee being pressed inwards, whilst bent at right angles with the abdomen, or whilst the trunk is bent forward on the thigh. The reduction is generally extremely difficult, but is best effected in the following way:—let the patient be laid on a table, on his side, and a girt passed between the pudendum and inner part of the thigh, to fix the pelvis; then pass a wetted rolled round the knee, and buckle the leather strap over it; let a napkin be carried under the upper part of the thigh; next bring the thigh over the middle of the opposite one, and then begin to make your extension with the pullies. Whilst the extension is making, an assistant should grasp firmly the napkin at the upper part of the thigh with one hand, and, resting the other hand on the pelvis, he should lift the thigh as much as possible towards the acetabulum, so as to get the head of the bone over its edge. I have also directed a round towel to be used for this purpose; this is passed beneath the upper part of the thigh, and then carried over the shoulders of an assistant, who then rested both hands on the pelvis, and by raising his body gently, raised the thigh with it. If the assistant should be very short, (said the Lecturer, smilingly,) why he might rest one foot on a chair and place the other on the pelvis of the patient, and might in this way perhaps raise the bone as effectually as a descendant of the race of the Titans *(a laugh)*. This dislocation has been reduced by making extension with the pullies in a right line with the body, and at the time this extension was made, the trochanter major was thrust forwards with the hand. But the former method is the most easy, and is that which I generally adopt.

Of the *dislocation on the pubes*. This accident happens in the following manner. If a person, while walking, puts his foot into some unexpected hollow, he throws his body suddenly backwards to preserve his equilibrium, and the head of the bone starts forwards on the pubes. It is much more readily detected than any other dislocation of the thigh. The principal marks are these:—the limb is an inch

shorter than the other, and the knee and foot are turned outwards, and cannot be rotated inwards; but the most striking mark of the dislocation is, that the head of the thigh bone may be felt upon the pubes, above the level of Poupart's ligament, to the outer side of the femoral artery, and feels like a hard ball there, which will readily move on rotating or bending the thigh. Easy as this dislocation is to detect, I have known three cases in which it had been overlooked until it was too late. This could only arise from great carelessness, and that man really deserves the appellation of a blockhead, who, in the present day, would allow such an occurrence to take place.

This accident need never to be mistaken for a fracture of the neck of the thigh bone, as the head of the bone on the pubes will point out, to the most superficial observer, the nature of the accident. To reduce this dislocation, you place the patient on a table, on his side; then carry a girt between the pudendum and the inner part of the thigh, and fix it in a staple, a little before the line of the body. The roller is to be passed around the thigh, and the pullies fixed as in the dislocation upwards, and the extension is to be made in a line behind the axis of the body, the thigh bone being drawn backwards. After this extension has been continued some time, pass a napkin under the upper part of the thigh, whilst an assistant, resting one hand on the pelvis, lifts the head of the bone over the pubes and edge of the acetabulum.

From what I have had an opportunity of observing on the subject of dislocations, I think that the relative proportion of cases will be as follows: Now if I take the number as twenty, there will be *twelve* on the dorsum ilii, *five* in the ischiatic notch, *two* in the foramen ovale, and one on the *pubes*. From the frequency of the occurrence of these accidents, it is astonishing that they should have escaped the observations of surgeons of former times, and these too of some eminence in the profession. Is it not gratifying, on the other hand, to contrast the present state of information in the profession with what it was about fifty years ago? What should we think of a surgeon in this metropolis, with all the opportunities of seeing disease in the large hospitals of this city, who doubted the existence of a dislocation of the thigh, when we find that surgeons in the country are able immediately to detect these injuries, and generally succeed in reducing them? Let us

never forget, however, that it is to the knowledge of anatomy that we are indebted for this superiority, to the study of which we cannot devote too much attention, and to acquire an intimate knowledge of which we should consider no sacrifice too great, if we wish to establish our reputation as surgeons, or humanely to discharge our duties to mankind. (*Repeated and long continued applause.*)

Before I proceed to describe the other dislocations, I shall speak of the *Fractures which happen at the upper part of the Thigh bone.*

It is not only necessary accurately to distinguish these accidents from dislocations, with which they might be confounded, but also from each other. Three distinct species of fracture, very different in their nature and result have been described under the indiscriminate name of Fracture through the neck of the thigh bone. It is my wish to draw deductions from facts, differences of opinion avail nothing in the advancement of science unless we can appeal to facts for their support. What I shall say to you on this point will be the result of my observations on persons who have been the subjects of these accidents, of numerous examinations of the dead body, and of my experiments on the lower order of animals. These accidents are much more frequent than dislocations, for whilst on an average we have only two dislocations in the year, our wards are seldom without an example of fracture of the upper part of the thigh bone. These *fractures* are *three* in number: *First*, where it happens through the neck of the bone entirely within the capsular ligament. *Secondly*, through the neck at its junction with the trochanter major, by which the trochanter is split, and the upper piece is driven into it. *Thirdly*, a fracture through the trochanter major beyond its junction with the cervix.

Of *Fracture within the ligament.* The leg becomes from one to two inches shorter than the other, for the connection between the cervix and trochanter being destroyed, the trochanter is drawn up by the muscles as far as the ligament will permit, and it rests on the edge of the acetabulum and on the ilium. You can detect the difference in length best, by desiring the patient to lie down on his back, and by observing the two malleoli you will readily detect it. The heel generally rests in the hollow between the malleolus internus and tendo Achillis of the opposite leg, although there is some variety in this respect. The retraction is at first easily re-

moved by drawing down the limb, and you may make it appear of the same length as the other, but immediately on removing your extension the muscles will draw it into its former position, and this will be the case as often as you like to repeat the experiment. This you can do until the muscles acquire a fixed contraction, which enables them to resist an extension that is not of a powerful kind. The next circumstance which marks this injury, is the eversion of the foot and knee; this is caused by the power of the external rotatory muscles which are inserted into the thigh bone, and which are opposed but by feeble antagonists.

On the first sight of a patient, then, there are two things that will particularly strike your attention, the shortening of the injured limb, with an eversion of the foot and knee. In the dislocation upwards, the head and neck of the bone prevent the trochanter from being drawn backwards, whilst the neck of the bone, being shortened by the fracture, readily admits of it, and this is the reason why the limb is inverted in the one and everted in the other. The limb has been found inverted, but it is a very rare occurrence. Some hours must elapse before this eversion becomes decisive in its character, as the muscles require some time to contract firmly, and this is the reason why it has been mistaken for a dislocation upwards. In this fracture, the patient suffers but little pain when at rest in the recumbent posture. But on rotation a pain is felt, from the rough end of the bone grating against the synovial membranes lining the capsular ligament. The thigh may be perfectly extended but flexion is more difficult and attended with pain; this is increased if the thigh be directed toward the pubes and lessened, if carried outwards. If you should have any doubt now remaining as to the nature of the accident, let the patient stand by the side of his bed, supported by an assistant, and you will have all the appearances which I have before named present, and if he attempt to bear on the injured limb it will produce much pain, which is occasioned by the psoas magnus and iliacus internus being put on the stretch, as well as by the pressure of the roughened surface of the bone on the inner part of the capsular ligament. A crepitus is also discoverable when the limb is drawn down so as to be of the same length as the opposite one, and then rotated, but not so when the patient is lying on his back with the limb shortened. It occurs more frequently in women than in men.

This probably may be accounted for by the more horizontal position of the neck of the bone and the comparative feebleness of constitution in the former. It occurs in persons of advanced age, and it is a mistake to talk of its happening in young persons. Although I have been now thirty-nine years at Guy's and St. Thomas's Hospitals, and have had more than my share of the practice of the metropolis during that time, I have seen more than two hundred and twenty-five cases of fracture of the neck of the thigh bone within the capsular ligament, yet I have only known two persons in whom this accident occurred under fifty years of age. This fracture, then, rarely happens under fifty years of age, and dislocation seldom at a more advanced period. But the most common period at which fracture occurs is between fifty and eighty.

The reason why the bone breaks so much more readily in age, is, that there is a peculiar process taking place in age which is producing an entire alteration in the structure of the head and neck of the bone. The natural changes which thus take place in the bones in different periods of life are remarkable; they increase in bulk and weight in youth, they remain stationary during the adult period, and become lighter and softer in the more advanced stages of life. You may cut the bones of old persons with a penknife, which you could not do at the adult period. The neck of the bone undergoes an interstitial absorption by which it becomes shortened and altered in its relation with the shaft of the bone, so that the head of the bone, instead of being above the level of the trochanter, sinks almost to its root. Indeed the bones of an old person may be readily distinguished in the skeleton from those of the middle period of life.

The slightest causes often produce fractures in this state of the bone. The way in which they usually happen in London, is from the person slipping off the foot-pavement, and though it is only the descent of a few inches the unexpected shock acting perpendicularly on the cervix, with the advantage of a lever, produces a fracture. The patient immediately falls, and the accident is very frequently improperly attributed to this circumstance. Even turning suddenly round has produced it.

The union of this fracture has been the cause of much difference of opinion. It has been said, that these fractures will unite like fractures in other parts of the body, by bone. But I have taught for the

last thirty years in these lectures, that, as a general principle, fractures of the neck of the thigh bone, of the patella, olecranon, coronoid process of the ulna and condyles of the os humeri, unite by ligament, and not by bone. In all the examinations which I have made of transverse fractures of the cervix femoris within the capsule, I have had my opinions confirmed, as I have not met with a single instance in which bony union had taken place. I would not maintain its impossibility, but what I wish to be understood to say is, that, if it ever does happen, it is an extremely rare occurrence, and that I have never yet met with a single example of it. Whilst, to support a contrary opinion, only a single instance has been produced, having the shadow of plausibility; and in this case the same appearances were found in both the thigh bones, and even these resembled what I have often observed in the dead body, arising from a softened state of the bones.

There are several reasons which may be assigned for the want of ossific union in the transverse fracture of the cervix within the ligament. The *first*, is a want of the proper *apposition* of the fractured ends of the bone. As it is scarcely possible to preserve the limb in apposition even for a few hours, as the slightest change of position produces an instant contraction of the large and powerful muscles passing from the pelvis to the thigh, and the ends of the bone become immediately displaced. This is also the case in fractures of the patella, where, notwithstanding all our efforts to prevent the retraction of the muscles, it very seldom happens that we can succeed in supporting a complete approximation of the bones. The *second* reason for a want of bony union, is the *want of pressure* of one bone on the other. Even if the limb were preserved at its proper length, and admitting the capsular ligament not to be torn, this circumstance would operate to prevent an ossific union. There is a large quantity of synovial fluid secreted into the joint, this distends the ligament, and entirely prevents the contact of the bones. After a time this fluid becomes absorbed, but not until the inflammatory process has ceased, and ligamentous matter has been effused into the joint from the surface of the synovial membrane. That cause, which so powerfully conduces to the union of other fractures, is wanting here, viz. the pressure which the *muscles* produce on the broken extremities of bones; for if two broken bones overlap each other on that side on which

they are pressed together, there will be an abundance of ossific matter deposited; but on the opposite side, on which there is no pressure exerted, scarcely any change will be observed. But the *third* and principal reason, is the almost entire absence of ossific union in the head of the bone when detached from its cervix. The principal supply of blood to the head of the bone being derived from the ligamentum teres, which has only a few minute vessels ramifying from it on the bone. The natural supply of blood for the neck and head of the bone is derived from the periosteum, and when the neck is fractured, and the periosteum torn through, the means of ossific action are necessarily cut off. No deposit of cartilage or bone, as in other fractures, is produced, but there is a deposition of ligamentous matter covering the surface of the cancellated structure. On dissection of these accidents, you find that the cancelli are rendered firm and smooth by friction, as in other bones which rub on each other when their articular cartilages are absorbed. Portions of bone remain attached by ligament, or are loose and floating in the joint, covered by ligamentous matter; but these do not excite inflammation, any more than similar portions which are found in the knee or in the elbow joints. The capsular ligament and the synovial membrane are very much thickened from the inflammation which they have undergone, and are therefore very much strengthened. This membrane is sometimes separated from the fractured portions, so as to form a thick band, pasaing from the fractured edges of the cervix to the head of the bone. Ligamentous matter passes also from the cancellated structure of the head to the neck, thus uniting, by a flexible material, the one broken portion of bone to another. It appears then, as a general principle, that *ossific union* is *not produced*. I have seen the two preparations of Mr. STANLEY, at Bartholomew's, which were supposed to be specimens of that union, but these have the same appearances on each side; now it is very probable that age or disease might produce similar effects in both bones, but it would be very difficult to suppose that accidents would do so. In experiments which I have made on animals in perfect health, the union was always by ligament. One of the best proofs, however, is a preparation of Mr. LANGSTAFF's, in which the bone is fractured within and without the capsular ligament; that without is united by bone, and that within the capsule is united

by ligament. I have often seen that appearance in the necks of the thigh bones of old people, supposed to represent the union of a fracture through the cervix by bone. But the truth is, that it is occasioned by the absorption of the neck of the bone in the way I have before described, allowing of the descent of the head of the bone just opposite the root of the trochanter major. Here, gentlemen, is the thigh bone of an aged female (holding it up to the class), in which this change has taken place; now where is the neck of this thigh bone? Can you see it? No, I am sure you cannot, for it has gone to the tomb of all the Capulets.

I must defer speaking of the treatment of these accidents until the next lecture.

REVIEW.

Elements of Phrenology. By George Combe, Esq.

(Concluded from p. 210.)

At the conclusion of the introductory observations, Mr. Combe proceeds to enumerate the different organs of the brain, to point out their relative situation, and to recite some of the occurrences which gave rise to their discovery. In this part of the work there is nothing new; but in the article immediately succeeding it, on the "modes of activity of the faculties," there are to be found some novel, ingenious, and forcible arguments, well calculated to silence the imbecile outcry hitherto raised against the phrenological science; our author is not less happy or conclusive in a short essay on Materialism, given at the end of this interesting work, and which we will here insert, for the benefit of our numerous readers.

"MATERIALISM.

"The objection, that Phrenology leads to materialism, has been frequently urged against the science; but it appears singularly unphilosophical, even upon the most superficial consideration. Phrenology, viewed as the assertion of certain physical facts, cannot, if unfounded, logically lead to any result, except the disgrace and mortification of its supporters. On such a supposition, it cannot overturn religion, or any other *truth*; because, by the constitution of the human intellect, error constantly tends to resolve itself into nothing, and to sink into oblivion; while truth, having a real existence, remains permanent and impregnable. In this view, then, the objection, that phrenology leads to materialism, is absurd. If, on the other hand, the science is held to be a *true interpretation of nature*, and if it is urged, that, nevertheless, it leads fairly and logically to materialism, then the folly of the objection is equally glaring; for it resolves itself

into this,—that materialism is the constitution of nature, and that phrenology is dangerous because it makes this constitution known.

"The charge assumes a still more awkward appearance in one shape in which it is frequently brought forward. The objector admits that the mind uses the body as an instrument of communication with external nature, and maintains that this fact does not necessarily lead to materialism. In this I agree with him; but I cannot perceive how it should lead nearer to this result, to hold that each faculty manifests itself by a peculiar organ, than to believe that the whole mind acts on external objects by means of the whole body or the whole brain. In short, in whatever point of view the system is regarded, whether as true or false, the objection of materialism is futile and unphilosophical; and one must regret that it should have been brought forward in the name of religion, because every imbecile and unfounded attack against philosophy, made in this sacred name, tends to diminish the respect with which it ought always to be invested.

"The question of materialism itself, however, as a point of abstract discussion, has of late excited considerable attention; and I shall offer a few remarks upon its general merits. In entering on the subject, it is proper to take a view of the nature and extent of the point in dispute, and of the real effect of our decision upon it. The question then is, Whether the *substance* of which the thinking principle is composed be matter or spirit? And the effect of our decision, let it be observed, is not to *alter the nature of that substance*, whatever it is, but merely to adopt an opinion consonant with, or adverse to, a fact in nature over which we have no control. Mind, with all its faculties and functions, has existed since the creation, and will exist till the human race becomes extinct; and no opinion of man, concerning the cause of its phenomena, can have the least influence over that cause itself. The mind is invested by nature with all its properties and essences, and these it will possess, and manifest, and maintain, let men think, and speak, and write what they will, concerning its substance. If the Author of Nature has invested the mind with the quality of endless existence, it will, to a certainty, flourish in immortal youth, in spite of every appearance of premature decay. If, on the other hand, Nature has limited its existence to this passing scene, and decreed that it shall perish for ever when the animating principle passes from the body, then all our conjectures, arguments, discussions, and assertions, respecting its immortality, will not add one day to its existence. The opinions of man, therefore, concerning the substance of the mind, can have no influence whatever in changing or modifying that substance itself; and if so, as little can these opinions undermine the constitution of the mind, or its relations to time and eternity, on which, as their foundations, morality and religion must and do rest, as on an immutable basis. According to phrenology, morality and natural religion originate in, and emanate from, the primitive constitution of the mental powers themselves. Innumerable observations have proved, that faculties and organs of Benevolence, Hope, Veneration, Justice,

and Reflection exist. Now, our believing that the mind will die with the body will not pluck these sentiments and powers from the soul; nor will our believing the mind to be immortal implant a single one more of them in our constitution. They would all remain the same in functions and constitution, and render virtue amiable and vice odious, although we should believe the mind to be made of dust, just as they would do were we to believe the mind to be a more immediate emanation from the Deity himself.

"In short, therefore, this question of materialism is one of the most vain, trivial, and uninteresting, that ever engaged the human intellect; and nothing can be more unphilosophical, and more truly detrimental to the interests of morality and religion, than the unfounded clamour, or cant shall I call it, which has been poured forth from the periodical journals about the dangers attending it. A manly intellect, instead of bowing before prejudice, would dissipate it by showing that the question is altogether an illusion; and that, adopt what opinion we will concerning the substance of the mind, every attribute belonging to it must remain unaltered and unimpeached.

"But not to stop in our investigation till we have reached the goal, we may inquire, whether it be possible to discover the substance of which the mind is composed, whether it be material or immaterial? Previous to doing so, however, we ought to endeavour to ascertain what means we possess of arriving at a knowledge of the essence of the mind. All our knowledge must be derived either from consciousness or observation. Now, by reflecting on what we feel, we discover nothing concerning the nature or essence of the thinking being. We do not feel a spiritual substance stirring about within us, and elaborating sentiment and thought; and neither do we feel a *material substance* producing these effects. We are conscious only of feelings and emotions, of friendships and attachments, of high conceptions and glorious thoughts;—but whether these originate from matter or spirit;—whether the first embryo substance of reflection dwelt lowly in the dust, or soared a pure ethereal essence amid the regions of boundless space, before it was constituted a part of us;—whether GOD, in creating man, was pleased to invest his material organs with the property of thought, or to infuse into him a portion of material fire;—on all these points consciousness gives us no information. A great deal of popular delusion, indeed, has been kept alive on this point, by the fact being overlooked, that we are not conscious of the operations of the brain. Men in general, because they are sensible only of thought and feeling, and not of the movements of any material organ performing these acts of the mind, imagine that it is necessarily an immaterial substance which is thinking and feeling within them; but they are equally unconscious of the contraction and relaxation of the muscles, and they might as well imagine that their arms and legs are moved, not by material organs, but by the direct impulse of spirit, as entertain the supposition in question. In short, the truly philosophical conclusion is, that, by means of consciousness, we are unable to discover of what substance the thinking principle is composed.

"Does observation, then, throw a stronger and steadier light upon this long-agitated question? The mental organs, while in health, and in the natural state in which their functions are most perfectly performed, are completely hid from inspection. No eye can penetrate the integuments of the head, and the tables of the skull, and the dura mater, and the pia mater, to obtain a view of the operations performed in the brain, while the thoughts run high, and the sentiments swell with emotion; and when external injury or disease removes these coverings, the mind does not then disport in all the vigour of its healthy action. Besides, even when all these external obstacles to inspection are removed, still it is only the surface of the convolutions which is perceived, and the soul may be enthroned in the long fibres which extend from the surface to the medulla oblongata, or thought may be elaborated there, and still evade detection. It will be said, however, that death will solve the question, and allow the whole secrets of the soul to be disclosed; but, alas! when the pulse has ceased to beat, and the lungs no longer play, the brain presents nothing to our contemplation but an inert mass, of a soft and fibrous texture, in which no thought can be discerned, and no sentiment can be perceived, and in which also no spirit or immaterial substance can be traced; so that from inspecting it even imagination receives no food for conjecture, as to the presence or absence of an immaterial guest, while life and health yet animated its folds.

"Observation, therefore, reveals as little in regard to the substance of the mind as does reflection or consciousness; and as no other modes of arriving at certain knowledge are open to man, the solution of the question appears to be placed completely beyond his reach. In short, to use an observation of Dr. SPURZHEIM, Nature has given man faculties fitted to observe phenomena as they at present exist, and the relations subsisting between them, but has denied to him powers fitted to discover, as a matter of direct perception, either the beginning or the end, or the essence of any thing under the sun; and we may amuse our imaginations with conjectures, but will never arrive at truth, when we stray into these interdicted regions.

"The solution of this question, therefore, is not only unimportant, but it is impossible; and this leads me to observe, that no idea can be more erroneous than that which supposes the dignity and future destiny of man, as an immortal being, to depend, of necessity, on the substance of which he is made.

"Let us allow to the materialist, for the sake of argument, that the brain is the mind, and that medullary matter thinks,—what then? If in fact it does so, it must be the best possible substance for thinking, just because the CREATOR selected it for the purpose, and endowed it with this property. In this argument the religious constantly forget that the same omnipotent hand made the brain that created the mind and the universe itself, and that, in the dedication of every cerebral convolution to its objects, be they thinking or any other process, the divine wisdom is as certainly exercised, as in impressing motion on the planets, or infusing light and heat into the sun. If, therefore, *de facto*, GOD has made

the brain to think, we may rest assured that it is exquisitely and perfectly adapted for this purpose, and that His objects in creating man will not be defeated on account of His having chosen a *wrong substance* out of which to constitute the thinking principle. But what *are* His objects in creating man? This brings us to the jet of the question at once. Mr. LAWRENCE, it is said, founds no moral doctrine on his opinions regarding the essence of the mind; but other materialists, who make these opinions the foundation of atheism, wish us to believe that the best evidence of the Divine intention in creating the human soul, is to be found in discovering the *substance* of which it is made; and they insinuate, that if it is constituted of a very refined and dignified material, the conclusion necessarily follows, that it is intended for magnificent destinies, while, if it is composed of a rude and vulgar stuff, it must be intended only to crawl on this filthy world. Here, however, sense and logic equally fail them; for no principle in philosophy is more certain than that *we cannot infer* from a knowledge of the mere substance of any thing for what ends it is fitted. Exhibit to a human being every variety of imaginable essence, and if you allow him to know no more of its poperties than he can discover from examining its constituent parts, he will be utterly incapable of telling whether it is calculated to endure for a day or last to eternity. The materialist, therefore, is not entitled even from the supposed admission that medullary matter thinks, to conclude that the human being is not immortal and responsible. The true way of discovering for what end man has been created, is to look to the *qualities* with which he has been endowed, trusting that the substance of which he is composed is perfectly suited to the objects of his creation. Now, when we inquire into the qualities, we find the thinking principle in him to differ, not only in *degree* but in *kind*, from that of the lower animals. The latter have no faculty of Justice, to indicate to them that the unrestrained manifestation of Destructiveness or Acquisitiveness is wrong; they have no sentiment of Veneration to prompt them to seek a GOD whom they may adore; they have no faculty of Hope, pointing out futurity as an object of ceaseless anxiety and contemplation, and leading them to desire a life beyond the grave; and, indeed, the convolutions of the brain, which in man form the organs of these sentiments, do not exist in the lower animals. Those organs also, which in man serve to manifest the faculties of Reflection, are, in the lower animals eminently deficient, and their understanding, in exact correspondence with this fact, is so limited as to be satisfied with little knowledge, and to be insensible to the comprehensive design and glories of creation. Man, then, being endowed with qualities which are denied to the lower creatures, we are entitled, by a legitimate exercise of *reflection*, the subject being beyond the region of the external senses, to conclude, on principles truly philosophic, that he is designed for another and a higher destiny than is to be allotted to them, whatever be the *essence* of his mind."

FOREIGN DEPARTMENT.

ANALYSIS OF FOREIGN MEDICAL JOURNALS.

ARCHIVES GENERALES.—JULY.

Observations and Anatomico-pathological Observations on Hypertrophy of the Heart. By M. J. BOUILLAUD.

IT was only towards the beginning of the sixteenth century that anatomists collected the first facts which served to compose the history of the diseases of the heart. A short time after this, LANCISI, VALSALVA, and ALBERTINI, added valuable information to this important part of medical science. At last, the father of pathological anatomy, the illustrious MORGAGNI, devoted several letters of his immortal work to the study of the different lesions of the heart, and enriched science with numerous cases, which he accompanied with judicious observations. Nearly about the same time appeared the splendid work of SENAC on the structure and diseases of the heart. This treatise, which received the approbation of MORGAGNI, remained for a long time the most complete work on this subject. At the commencement of this century, however, M. CORVISART reconstructed, in some degree, the edifice which SENAC had raised; and, possessing the observations of his predecessors, in conjunction with his own experience, published his work *on the diseases of the heart and the large vessels;* a standard work, but one which at present does not contain all that is known respecting these affections, for none can be ignorant of the valuable information added to the pathology of the heart by LAENNEC and BERTIN. Both these gentlemen have specified, in a precise manner, the different forms and kinds of the affection known by the vague and frequently improper term of aneurism of the heart, and have removed the difficulties which before their time enveloped the diagnosis of this complaint. M. BOUILLAUD, in this article, brings forward some facts in confirmation of what M. BERTIN was the first to show, viz. that thickening or hypertrophy of the heart may exist either in the natural, dilated, or contracted state of the cavities of this organ, and concludes with some general remarks on the disease itself. M. B. lays particular stress upon the difference which there is between hypertrophy of the heart and mechanical obstruction to the circulation, as the one frequently exists without the other. The most serious effect that is ever produced by hypertrophy of the left ventricle is congestion to a greater or less degree of the brain. It was in this way that MALPIGHI, RAMAZZINI, and CABANIS lost their lives, each being affected with this complaint of the heart. In the same manner does it happen that the most serious consequence of hypertrophy of the right ventricle is congestion of the lungs. The right ventricle, however, is less frequently affected with this complaint than the left, owing, as M. B. thinks, to the natural conformation of the left ventricle, and to its coming in contact with more irritating blood than the right does.

Paper read in the name of M. DUPUYTREN, *before the Royal*

Academy of Medicine at Paris, by M. SANSON, *on two cases of Extirpation of Fibrous Tumours.*

M. SANSON says, that he was charged by M. DUPUYTREN to make known to the Academy two cases of tumour which required an operation. In the one case the operation was attended with the most complete success, in the other with an unexpected and fatal result. It was less on account of the successful case than the unsuccessful one that M. DUPUYTREN made this communication, feeling it, as every right-minded surgeon must, to be his duty candidly to state the unfortunate results, or the errors of his practice, in order that others may be prevented from running into similar mistakes. This kind of conduct, instead of detracting from M. DUPUYTREN's character as a surgeon, will raise him in the estimation of mankind; and it holds out a bright example for his professional brethren to follow, if ever placed under similar circumstances. The following case will be read with peculiar interest:

On the 19th of November, 1822, a young girl, called Alexandrine Poirier, remarkable for her strength and beauty, came to the Hotel Dieu for advice respecting a tumour which she had on the back part and side of the neck. It had only come on within the last six months, and without any assignable cause, but it had increased so much in size, that it extended from the mastoid process and the tuberosity of the occiput to the clavicle and spine of the scapula; and from before, backwards, it reached from the posterior margin of the sterno-cleido mastoideus to the middle line in the back part of the neck. It was of a demi-oval, shape, the anterior surface smooth and resting on the posterior muscles of the neck; its posterior surface convex, and covered by the skin, a small portion of the trapezius, by numerous filaments of nerves coming from the cervical plexus, a few arteries from the arteriæ cervicales superficialis et profunda, and some veins, one of which was rather large, communicating with the external jugular. By its hardness, resistance, and want of sensibility, M. DUPUYTREN easily recognised that it was of a cellular-fibrous nature; and, convinced by the rapidity of its growth, and the certainty that, ere long, it would become worse, together with the success he had recently obtained, he proposed to the patient its removal without delay, to which she consented. She was prepared by a bath, and a light purgative, and on the 22d of November she descended into the amphitheatre, full of strength, courage, and hope. M. DUPUYTREN ordered her to sit on a chair, with the face turned backwards, and after again satisfying himself of the mobility of the tumour, as well as the number and importance of the parts which were to be divided, he commenced the operation by an incision directed from above downwards, and from behind forwards, thus making a crucial incision. The layers of cellular membrane, although adhering firmly to the fibrous body, were dissected off with considerable facility. Four or five minutes from the commencement of the operation, the tumour was raised by an assistant, who, alternately moving it from one side to the other, nearly succeeded in detaching it from the surrounding

parts, and this greatly expedited the division of the cellular tissue by which it was united to the deep parts; the tumour only adhered to the anterior layer of its covering, and the patient, who had merely lost a very small quantity of blood, bore with great fortitude, and without much complaint, the pain attending so minute a dissection; when all of a sudden a continued whistling was heard, similar to that which is produced by the readmission of air into a vessel which has been emptied of it. The operator stopped a moment perfectly astounded. "*If I were not at some distance,*" said he, "*from the air tubes, I should be led to suppose that I had divided them.*" Scarcely had he uttered the expression, and made the last incision which separated the tumour, than the patient exclaimed, "*I am dead!*" She immediately leaned against the chair, and fell lifeless. Every possible means were employed to excite the action of the heart; M. DUPUYTREN himself inflated the lungs, but all without success, the vital spark was completely extinct. Too great an interest was excited to let much time elapse without making a careful examination of the body.

The operation had been made in the presence of a great number of students, and the post-mortem examination was also conducted in their presence twenty-four hours afterwards. The corpse was stiff, and there existed no trace of putrefaction. The circulatory apparatus was first examined. The pericardium was healthy; the right auricle was distended with the air, which gave it an elastic tension, and when an incision was made into it, air escaped in great abundance, without any mixture of blood; there was a little blood in the auricle in a liquid state. The other cavities of the heart, the veins and arteries also, contained some coagulated blood and flatus. The chest, head, and abdomen, were carefully examined, but presented no marks of disease.

Examination of the wound and the tumour. The four flaps of the wound were raised, which gave us an opportunity of seeing that, with the exception of a few fibres of the trapezius, no muscle had been wounded. The muscles of the posterior part of the neck were exposed, no displacement of the cervical vertebræ could be observed; but, to be quite certain on this point, all the muscle was removed, and the integrity of the bones and ligaments connecting them ascertained beyond a doubt. The tumour was accurately measured, and found to be seven inches in length, five inches broad towards the large extremity, and three at the small end, and four inches in its greatest thickness; it weighed a pound and a half. When cut into, it presented all the characters of a fibro-cellular tumour.

In examining with attention the circumstances which attended the operation, and comparing them with the results of the post mortem inspection, it does not appear very difficult to resolve the question. Indeed, there are only a few well-known causes which can occasion the death of a patient during an operation. These are, I. Considerable hemorrhage. II. An excessive and long continued pain which exhausts and destroys the action of the nervous system. III. Great emotion caused by extreme pusillanimity. IV. The lesion of some one organ important

to life. v. The existence of some intermitting nervous affection, of an asthma, &c. vi. Disease advanced in an important internal organ, and which having remained undiscovered, and destroyed the strength gradually, rendered the patient incapable of sustaining any violent shock. vii. Lastly, the introduction of air into the veins. To neither of the first six causes can the unfortunate result of this operation be attributed. There remains, then, but the seventh to account for this extraordinary phenomenon, the introduction of air into the veins, and this circumstance is proved by the whistling noise heard during the operation, and the presence of the elastic fluid in the heart and greater part of the blood-vessels. The mechanism by which this took place is easily explained. A vein of rather a large size, crossing the tumour, and communicating with the jugular, was necessasily opened, and it remained with the orifice open; a vacuum must have been made when the tumour was pulled forwards, and the blood which the vessel contained was returned to the chest, and thus the admission of the air was allowed which produced the whistling noise that was so distinctly heard. As for the manner in which air introduced into the veins occasions death, it was for a long time believed that air has on the brain a peculiar sedative effect, and that a few bubbles are sufficient to kill the strongest animal; but modern physiologists know very well that it requires a considerable quantity, and even then that it must be quickly introduced to effect this result, and that it is in its rarefaction in the cavities of the heart, which it distends, and whose contractions it prevents, that it produces syncope and death: post mortem inspections in this respect accord with experimental physiology. Such was, there cannot be the least doubt, the cause of this girl's death.

Since this fact came before the notice of M. Dupuytren, he has learnt that similar cases have been observed by some experienced practitioners at Edinburgh,* Berlin, and Paris. But as these gentlemen have been silent on the subject, he does not feel himself authorised to publish the facts which they have observed. If these facts should ever be published, they will form one of the subjects most deserving of the serious consideration of the faculty and the academy which is destined to foster and direct its advancement.

To the Editor of The Lancet.

Sir,—It was with much pleasure that I read two letters in your publication of the 17th and 31st of the last month, relative to the inattention shown by the surgeons of St. Thomas's Hospital to the students attending there: inattention so long continued, and so frequently the subject of animadversion and dissatisfaction among the students themselves, that I am surprised that public notice has not been taken of it at an earlier period.

The fame which St. Thomas's and Guy's Hospitals have acquired is not unknown to the officers of these establishments, and to this circumstance, it may be feared, is

* If this be correct, we trust that the example set by M. Dupuytren will induce them to be silent no longer. —*Edit. L.*

to be attributed, in some degree, the neglect complained of, and which has now become so glaringly manifest.

Be this as it may, every consideration demands that it be rectified as speedily as possible, and that conduct so unworthy of surgeons and teachers be superseded by a behaviour more congenial and better adapted to advance the improvement of the pupil. The interest of the parent calls loudly for this, who is at an enormous expense in enabling his son to prosecute his studies there, and is blindly led to believe, that every facility is afforded of doing it with advantage; the interest of the son, who gives his attendance for the purpose of gaining information; but which he has the mortification of finding, when too late, to be extremely superficial and partial; and lastly, the interest of the public, on whom, in after time, this flimsy knowledge is to make its dangerous experiments.

What are the opportunities which the student possesses there of becoming acquainted with the character and treatment of disease? why, I know of none, and I speak candidly, except it be the privilege of running up and down, from ward to ward, after the surgeon, and hearing, or rather seeing, him whisper to one or two gentlemen at his elbow, who are generally his own dressers or acquaintances, and who rudely push their way through the other students, to get to that situation. The majority of the pupils may look and stare, as long as they please, but all to no purpose. If it be endeavoured to make up for this, by having recourse to the Hospital books, in order, as one of your correspondents expresses it, "to catch what he can," he is still disappointed; for there he does not find the slightest clue to direct him in forming an opinion, as to the nature of any cases on which he wishes for information, no name of the disease, and no report of any kind. Prescriptions only meet the eye, and these are in writing so obscure, that not unfrequently all attempts to unravel them prove unavailing. One is apt to think, on looking at them, that there was some prize at stake, for which the surgeons were contending, and which was to be awarded to that competitor who wrote worst. In short, there is such mystery pervading the whole that it is impossible for a student to reap any benefit from attending that institution.

When Sir ASTLEY COOPER goes round the wards of Guy's Hospital, he directs the attention of the pupils to any case of interest that presents itself to his notice, and in a voice so audible as to be distinctly heard by every one of them. Thus he fulfils the engagement into which he enters the moment the fee of the student is received. This honourable conduct on his part is fully appreciated, and hence it is, as well as from his eminent abilities, that his visits are so much desired and longed for. But, Mr. Editor, is not the same duty imperative on the other surgeons? Do they not receive the pupils' money as well as Sir A. COOPER? they do, and therefore are equally bound to make a suitable return, which they cannot be said to have hitherto done. If any thing more than another be calculated to act as a reproof to these gentlemen, it is the open, fair, and honourable behaviour of Sir A. COOPER.

You have done much, Mr. Editor, towards putting down some of the abuses connected with this hospital, and I trust you will yet do more. There is a wide field before you, and your labours can scarcely be more advantageously or fitly employed than in clearing it of its weeds.—Go on in the work, and you shall earn the gratitude of every impartial and honest man, and greatly befriend,

Sir, Your obedient Servant,

R.

August 13, 1824.

To the Editor of THE LANCET.

SIR,—Since the writer of the letter on Mr. Alexander's plurality of offices, which appeared in your last number, seems neither to have been a patient or subscriber to the Cork-street Eye Infirmary, I do not see what business he has to meddle in the matter. None but those who have groped their way out of that valuable Institution have any *reason* to complain of the manner in which it is conducted; and the *right* is only vested in persons who are quite satisfied with having provided a place where a select few may be tortured daily, and others (not so well recommended,) at least three times a week, a period of punishment hardly frequent enough for such ungrateful wretches, the majority of whom would be exceedingly glad to *see* its best patrons hung. But now for the allegations against Mr. Alexander, which, as your correspondent observes, "as they remain unrefuted we must infer are true." Methinks I hear that gentleman blessing GOD that it is so. He is accused of being at once Oculist, Secretary, and Reporter;—well, is *this all?* (I am satisfied your correspondent has never been a patient in the Cork-street Infirmary.) Why, one would have thought from the outcry raised against him that he had pocketed the revenues and turned all the patients out of doors; this is nothing to what some folks do in public institutions. There was a noble lord lately, into whose hands the management of a charity school happened to fall, and he very fairly sent all the children home, pensioned the schoolmaster, and made the property an integral part of his own domain in half the time; whereas Mr. Alexander has only, from an incorrect conception of his own talents, or a too nice calculation of *possibilities*, taken care to prevent certain offices being filled by persons less qualified than himself.

Your correspondent talks of the public at large and of the Profession, as expecting to derive advantage from a knowledge of Mr. Alexander's practice. Now, this is a gross misrepresentation of the state of public opinion. I am persuaded there is no one in the United Kingdom who ever entertained any such expectation. It is his practice to make patients wait a long while before they are attended to. It is his practice to treat them very carelessly and severely when they are attended. Now, I should like to know what good could attend the publication of this mode of treatment, which has nothing peculiarly instructive in it, or the results of experiments made chiefly on the patience of the sufferers. The only thing I should expect to see, if your correspondent continues irritating him "to bring forth some fruits of his genius and industry," would be,

in addition to his annual bundle of papers, "A Treatise on the Art of Ingeniously Tormenting." Besides, even your correspondent, much as he seems to provoke it, cannot give any just reasons for his desire to have Mr. Alexander's mode of practice published; as I shall prove by a short cross-examination in his own words.—Do you think it "would enlarge the boundaries of Ophthalmic Surgery"?—No. Do you think such a work *necessary*, "to enable his brethren to measure the height and depth of his professional acquirements"?—No. Do you think him such a fool as "to enable them to judge whether he has profitably fulfilled the duties of his stewardship"?—No. Then, why call upon a man, who you seem to think has already more than he can do, to waste time on a work likely to be attended with very little profit either to himself or his readers.

Another grave complaint is made against my friend, that, "by this monopoly, he has virtually made himself judge and jury in his OWN case;" but I shall not dwell on this charge, because your correspondent is evidently grieved only because he has found him "too *good* a judge;" and beside, if the patrons of this institution could judge so carelessly as to appoint Mr. ALEXANDER, no one will regret that the power has been taken out of their hands,—though not for fear of worse consequences.

Finally, a great deal has been said about "the egregious abuses that have prevailed in this infirmary, alike revolting to science and humanity." Now it appears to me, that your correspondent, in his haste to produce something against Mr. ALEXANDER, has sadly confused and mistaken the matter: he has lost himself in his zeal; which, as it is in the cause of humanity and for the public welfare, I do not wonder to find very great. But as it would most probably take a greater length of your columns to convince your correspondent of his error than you can conveniently spare, I shall quit the subject for the present. I am, Sir,

Your most obedient Servant,

THE OLD BLIND BEGGAR OF BETHNAL GREEN.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

The continuation of the case of Aneurism of the Abdominal Aorta, from No. 4, Vol. iv.

In our last notice of this man we mentioned that he was, at the suggestion of Sir ASTLEY COOPER, ordered to take the subcarbonate of soda. This he has taken for more than a month, in doses of half a drachm, in mint-water, four times in the day, without appearing materially to disagree with him, until within the last fortnight, when it produced sickness and purging, and was then desired by the dresser to be left off. It produced no diminution in the force of the pulsation of the tumour, nor any alteration in the frequency of the pulse. We should feel happy to observe any remedy exert a beneficial influence on such an alarming and terrible disease; but we consider that the impression necessary to be made on the circulating system, in order to check the progress of so

much diseased action, must be greater than can be produced by the remedy employed in the present instance. The tumour is rather increased, and the thrilling produced by pressure on the lower part of it is more distinct. The sound communicated by the application of the stethoscope is very distinct, and affords a very fair specimen of the hissing sound so well described by LAENNEC. The man is now about to leave the hospital, and has promised Sir ASTLEY that he will occasionally make his appearance, in order that that gentleman may have an opportunity of watching the progress of the disease.

We deemed it right to give the conclusion of this case, as far as it came under our notice; and should have been glad to have reported a more successful termination.

Operations.—Mr. KEY removed an encysted tumour, about the size of a pullet's egg, from the abdomen of a middle-aged man.

Some speculation was set on foot as to what should be the contents of it. All agreed that it contained a fluid; but it was set down by one of the dressers to be an hydatid, and this conjecture was supported by the operator, who put a candle on the opposite side of the tumour, to see if it were not even transparent. When, on making an incision into the cyst, out spouted a thick, cream-coloured matter, to the no small chagrin of the persons alluded to; so much for *prognostics*.

Sir ASTLEY removed a *carcinomatous tumour*, just on the point of ulceration, from the lower lip of a man, aged about 60. It had been forming about two years, but not attended with much pain, nor was there any enlargement of the absorbent glands about the angle of the jaw. The inferior coronary arteries were compressed on each side, by the finger and thumb of an assistant, which made the operation, as far as the incision was concerned, almost bloodless. The tumour was then cut out, and that part of the lip to which it was attached, which was about the half of the whole lip; the two inferior coronaries were secured; three sutures were introduced, one just below the red part of the lip, another about the middle of the wound, and a third near the angle of the incision, and the lips of the wound brought close together.

The accidents admitted this week are, an incised wound of the arm. A compound fracture of the tibia and fibula; this case was dressed nicely, with a bit of lint dipped in the blood, and laid over the integuments, which were brought into apposition, and adhesion is taking place, so that it is reduced to the state of a simple fracture. A fracture of the skull of a child, with depression of a portion of the parietal bone; but the symptoms of compression being removed by bleeding and purgatives, no other operation was performed. A fracture of the radius. A contused foot. A slight case of concussion. A bite on the leg. A fracture of the tibia and fibula; another fracture of the fibula; and a wound of the scalp.

ST. THOMAS'S HOSPITAL.

Singular case of Compound Fracture of the Skull, with Depres-

sion, without any sensorial derangement.

T. D. ætat. 22, was admitted into Edward's ward, August 30, with a compound fracture of the os frontis, attended with considerable depression at the upper part of that bone and on the left side of its median line. He states that he was working at Portland-town, in repairing or constructing a boiler for a steam-engine—that he was at work on the inside and another man was working on the outside—that the man on the outside in attempting to strike a blow on the boiler, missed his aim, and, quite unintentionally, hit him a full blow on the head. He was knocked down by the force of the blow, and saw sparks fly before his eyes; but he presently recovered himself, found he was bleeding, and climbed over the side of the boiler; he came in a coach near to the hospital, and walked from the coach to it. He has had no sickness, nor has he had any chilliness of the skin, or any intellectual disturbance. Mr. TYRRELL examined the wound, and found a large opening on the part we have before described, with the bone completely smashed. He removed three large pieces and four smaller ones which were quite loose, the dura mater was scratched but not torn through, and the pulsatory action of the vessels in the brain could be distinctly seen. The integuments were brought as near as they could be over the opening and secured by straps of plaster, and over this a compress of lint was laid to give the part the necessary support, and over the whole an evaporating lotion is applied. What is very extraordinary, he complains of no pain in the part or in his head of any consequence, and lies perfectly quiet, and answers any questions with the greatest facility. Violent reaction will no doubt make its appearance and demand an active treatment. He was ordered gr. xv. of the pill of colocynth with calomel.

[To be continued.]

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The only *operation* performed here this week of importance is that of lithotomy, by Mr. TYRRELL. It was intended, we understand, to have attempted to break the stone in the bladder in the way recommended by M. CIAVILE, but as the constitutional irritation became considerable, it was thought best to operate in the usual way, with the knife, which Mr. T. always employs.

The principal accidents received this week are a fracture of the thigh, and the fracture of the cranium before described. There are a few others of no importance.

CLINICAL LECTURE.

I think, Gentlemen, (said Mr. TYRRELL,) I have already detailed the primary symptoms of syphilis, under the various forms in which they are usually found. But I wish to make a few additional observations on sloughing chancres, and the treatment necessary to be adopted in irritable and strumous habits. *(Mr. T. here recapitulated the opinions on this subject which he had formerly delivered, in giving the history of the case of sloughing chancre, a short time since, in Job's ward; and also spoke of the treatment of buboes in the sloughing state.)*

In cases of irritable habits, when there is also a scrofulous disposition prevailing, I consider the oxymuriate to be the best form of exhibit-

ing mercury, using the sarsaparilla also at the same time, to lessen the irritability. Beginning with $\frac{1}{16}$ of a grain, and gradually increasing it to $\frac{1}{4}$ three times in the day. The object in this case is not to affect the mouth severely, but you bring the system gradually under the influence of the mercury; and as long as you find the patient continue to improve under the treatment, you must pursue it.

I shall now speak of the *secondary symptoms* of syphilis; and these most usually appear in the throat, skin, and periosteum. When syphilis attacks

The Soft Palate,

you must arrest the progress of the disease as soon as you can, as it would otherwise destroy the palate and the voice, and cause exfoliations of the palate bones.

When there is much irritability, I generally give calomel and small doses of opium, or if there is great increase in the heat of the skin, and the secretions appear to be locked up, then give pil. plummeri with hyoscyamus or conium. Prevent the occurrence of debility, if you possibly can, as the sloughing process easily follows; therefore during the exhibition of mercury, where you may expect debility, you must afford your patient a nutritious, but at the same time not a stimulating, diet. *Sloughing* of the ulcers of the soft palate may arise from debility, or on the other hand, from an excess of action: if from debility, the treatment I have just mentioned must be pursued; if from too much action, act upon the bowels by purgatives and take blood by cupping behind the mastoid process, which will very much diminish the local action. The local applications usually made are in the form of gargles, but when there is a disposition to slough much any application can be better used by the syringe than as a gargle. The parts should be cleaned well from the mucus which collects about them with a probe, to the end of which a small bit of lint must be attached. The best injections are those made with the nitrate of silver, the oxymuriate of mercury, or the nitric acid diluted. The nitro-muriatic acid has been recommended, but it has no superiority to the common nitric acid. It has been extensively used in this Hospital, but there appeared nothing in it to confirm the preference which had been shown it.

The next affection I shall speak of is that

Of the Palate Bones;

and this occurs by the extension of the disease from the soft palate, or from inflammation of their own membrane, as happens also in the bones of the nose. The membrane ulcerates, a sore is formed, the bone becomes exposed, and exfoliation is the consequence of this exposure.

When the bone is exposed, it is easily detected by the fetid nature of the discharge, and by the horrid fetor it gives to the breath of the patient; it is the worst smell that I know, especially if mercury has been taken. The treatment here will be just the same as in the ulceration of the soft palate, merely, attend to the general health, allay the irritability of the parts, use the acid gargles, which very much correct the fetor of the discharge, and quicken the exfoliation. There is a boy, whom you have seen to-day, who has this affection of the palate;

he is of a very scrofulous habit, and, I believe, that he is suffering from the mercurial disease, and not from syphilis. He never had any proper symptom of syphilis, and this shows, that, in strumous habits, mercury will produce symptoms resembling those of syphilis. I have my doubts whether syphilis would ever affect these bones if mercury had not been given. On this subject I shall have to say more presently, when speaking of Mr. Rose and the non-mercurial treatment.

An instrument has been made by Mr. Weiss, to supply the deficiency of the palate bones, which very much removes the nasal sound of the voice; and it may be here proper to mention that operations for the same purpose have been performed by Roux, Brodie, and Alcock.

Of the Affection of the Larynx.

There is a chronic form of ulceration of the larynx, in which exfoliation of the cartilages takes place just in the same way as in the bones of the palate. There was a case in Lydia ward some time ago, in which Mr. Travers, in my absence, was obliged to divide the trachea, in order to rescue the patient from suffocation. And immediately after the operation I affected the mouth with calomel, and combined it at the same time with opium. The symptoms subsided, the wound healed, and she did perfectly well.

In cases where the operation becomes necessary, the incision should not be made into the larynx, between the thyroid and cricoid cartilages, as is usually recommended, but between two of the upper rings of the trachea; and the mode of doing this is, *first*, to make a small incision upon the median line of the trachea, just below the cricoid cartilage; wait a little to see that the hemorrhage is stopped, and then introduce the knife between two of the rings of the trachea, and if you find this opening is not sufficient you may remove a portion of the rings with a scissors. I have performed this operation frequently in croup, without danger from hemorrhage, by attending to this circumstance.

In the Medico Chirurgical Transactions, there are many valuable cases of inflammation of the larynx, which have been cured by the mercurial treatment. But I do not mean to say that these were all syphilitic.

Of Affections of the Nose in secondary symptoms. The first symptom complained of is a dryness of the nostril, then it becomes painful, and there is a thickening of the membrane, this is succeeded by a discharge, which is at first thick like that from the throat, then it is mixed with blood, and becomes more copious and very fetid; it is in fact a purulent secretion, mixed with red particles of the blood, and whenever you find this you may be sure that exfoliation more or less will take place. At the same time that syphilis is attacking these parts, it is usually accompanied by an inflammation of the periosteum of the bones of the head, and of the tibia. Different parts of the nose are the seat of this disease, sometimes the ossa nasi, sometimes the septum and the turbinated bones; and here also the ravages made on the different structures of the nose do not appear to be always syphilitic. There is a young woman now in Mary's ward who had a strumous

discharge from the vagina, and of whom I have before had occasion to speak. This girl took mercury from some person, under the supposition of the discharge being syphilitic, but the membrane of the bones of the nose became inflamed, and the bones themselves have exfoliated. Here I shall take the opportunity of mentioning a remedy which I frequently employ, and this is a *decoction of tormentilla*, made in the proportionof ʒj. to lbiss. of water boiled down to lbj. This cured the discharge in the present instance, and in many others in which I have had occasion to employ it. I have also used it with advantage in sloughing sores; and in the cases like that which I have just mentioned, of strumous discharge from the vagina, I have found it a specific. When there is diseased bone, with other secondary symptoms, you must be very careful how you introduce mercury, as otherwise you would only increase the disease. You must attend to the general health, and give small doses of the oxymuriate. Similar affections are occurring on the tibia and fibula. The membrane enveloping the bone is here also first attacked. There is a dull pain in the part, which is intermittent, being more severe at night, and there is great tenderness to the touch. Indeed, the patient is sometimes quite free from pain during the day time; afterwards there is a thickening perceived, forming what is termed a node; the pains become lancinating and more severe, the skin looks red, the ulcerative process takes place, and the matter is discharged.

It appears that, during the adhesive stage, mercury has the effect of removing the disease, by causing an absorption of the fluid already deposited. As in the case of bubo, a blister applied to the part, which is not to be kept open but repeated, will cause the absorption of the tumour; opiates are at the same time necessary, to afford the patient a proper degree of rest. Endeavour to allay the irritation of the system whenever you are giving mercury. When matter has formed, and that matter is small in quantity, and although there may be a redness of the skin, I should say do not make an incision into it; if you do, the bone becomes exposed, and will ultimately exfoliate. I have seen many cases do extremely well without letting out the matter. About a year since I was consulted by a gentleman who had ten or twelve of these little nodes: one, on the os frontis, possessed a distinct fluctuation, and there was also a little redness of the skin. I put him on small doses of the oxymuriate, with decoction of sarsaparilla and hyoscyamus, and during this treatment the tumour became absorbed. I have also seen this treatment successful where matter had formed in a node on the skin. If, however, ulceration has taken place, use nitric acid diluted, which will assist the exfoliation, and correct the fetid nature of the discharge. I shall next speak

Of secondary symptoms on the Skin; and here they present as many varieties as I have before described when speaking of the sores of the penis. Indeed, they present such a diversity of appearance, that you will scarcely ever see two exactly alike; they may have the generic character, but further than this it is difficult to describe their variations. They make their ap-

pearance in the form of *tubercles, blotches, or pustules.* The tubercles are found more generally on the scalp, breast, and arms than on the legs and back. At first there is a slight discolouration, with a little irritation of the part, then it becomes darker, and surrounded by a margin of a coppery appearance, the cuticle separates in a little scurf, and then it becomes scabby: as this crust goes off a new one forms, and thus the circumference of the sore gradually increases. The *blotches* appear on almost any part of the body, they are of a dull red, a little elevated above the level of the surrounding skin, and have a dark coloured margin; sometimes the cuticle separates by very minute vesication, and the branny appearance of the skin is produced.

The *pustular* form of the eruption is more rare; it appears, just as any other pustular pimple, with the exception of the dark coloured halo, and soon degenerates into a foul, ill-conditioned ulcer. The treatment required for this form of the disease will be just the same as that which I have just described for secondary symptoms in other parts. I shall now make a few observations on the *non-mercurial* treatment of syphilis. My opinion on the subject is this, that where we possess a remedy found to be certain in the removal of any disease, we should consider it our duty to use it. And, I think, before we try these experiments on others, we should ask ourselves, would we place ourselves under the same plan of treatment? There is certainly great credit due to Mr. Rose for his investigations. But he found that those patients whom he had treated by depletion afterwards had secondary symptoms, although the primary ones were perfectly disposed of, in the proportion of one to three. The principal objection that has been urged against the mercurial treatment is, the readiness with which the periosteum of the bones of the nose and face become affected. But where mercury is judiciously administered, this is never the case, and therefore the abuse of any remedy can form no fair argument against its administration. The rules which I have before pointed out for the exhibition of it in irritable habits will apply here in a general way. Allay the irritability of the system by sedatives at the time you are giving the mercury, and watch the progress of inflammation in any part that may be attacked by it; and, at the same time, preserve the general health by a nutritious diet, and avoid exposure to wet and cold.

WESTMINSTER HOSPITAL.

August 21st. — Mr. White operated this morning for hydrocele, upon a man aged about thirty years. The patient stated that the disease first appeared after what he called a sprain in the parts, occasioned by lifting a heavy burthen, two years ago; the operation he had had performed six weeks since, but without effecting a cure. Mr. White introduced a trocar an inch from the raphe, on the left side, and about fourteen ounces of a clear serous fluid were evacuated; an injection of wine and water was then thrown in, and suffered to remain for five minutes. A small quantity of fluid was also observed

to be collected in the other side of the scrotum, which will probably be, at some future period, the subject of another operation.

When the tumour was injected, and the patient complained of the pain occasioned by that part of the operation, Mr. GUTHRIE observed, that he had frequently found, that, when at the time of the operation the pain was severe, the subsequent inflammation in the parts was but slight, and when there was but little pain, great inflammation was generally induced. He also stated that he had often returned the same fluid into the sac, which he had just before drawn from it, and invariably found that a sufficient degree of inflammation was excited to effect a cure, as well as if any other fluid were injected; and, therefore, that effect did not depend upon the quality of the injection, so much as upon the part being suddenly collapsed, distended, and collapsed again, by the operation. Mr. G. then said that he had known many instances, in which a high degree of inflammation had taken place after the operation for hydrocele, and the parts had become perfectly united, yet the disease had again returned; and in one case he had laid the scrotum completely open, and healed the wound by granulation, and yet the same occurrence had taken place.

John Sharp, aged 35, was last week admitted to this Hospital with a wound situated upon the fore part of the leg, between the tibia and fibula, and about three inches above the ancle; it was occasioned by the fall of a piece of wood upon he part.

The patient stated, that the wound was found to be only superficial, but a great difficulty was experienced in healing it; that for this purpose he had applied to the Hospital, and been admitted as we have said above, as an in-patient. Since his removal here his leg has been merely sprinkled with flour, and is now almost healed under this treatment; but as that has grown better, a pain has been felt in the chest, accompanied with palpitation of the heart, and a slight degree of difficulty of breathing. A blister was applied to the chest.

23d. The blister rose well, but no relief has been yet experienced.

25th. The pain in the chest and palpitation are this day very great; the breathing rather more difficult, and the pulse is 75 and small.

26th. Bowels open, the patient having taken a dose of the sulphate of magnesia. The pain and palpitation much the same as yesterday. Pulse 70, feeble and small. The leg nearly healed.

A strengthening plaster was applied to the chest.

℞ *Liq. Ammon. Acet.*
Aq. Fontan. aa. ℥iv.
Liq. Antimon. Tartarizat. ℥iss.
Syrup. Simplex. ℥ss.—M.
Capt. æger cochl. ij. *ter in die.*

28th. The pain in the chest better. Bowels open. Pulse 70. The leg is not so well as on the 26th.

℞ *Pil. Hydrarg. Sub. C.* gr. v.
Omni nocte sumend.

31st. The pain has almost gone, as is also the palpitation, but the leg is much worse, and the pulse still feeble; the bowels open.*

Saturday, August 28th. Edward Pomer, aged 36, was this morning brought to this Hospital with a fracture of the metatarsal bones of the two inner toes.

* Continued Page 379

Mr. Guthrie, the assistant-surgeon to the hospital, having arrived, proceeded to examine the wound, and found that the metatarsal bone of the great toe had been so completely crushed, by the fall of a heavy stone upon it, that its removal was necessary. To effect this, he merely had to open the wound, and to dissect the fractured parts of the bone out, with a scalpel, no saw being used in the operation. In doing this, the anterior tibial artery was wounded,* and secured by a ligature, but a considerable degree of bleeding was observed about the posterior tibial, but this ceased on the application of pressure, on dressing the wound, and rolling it up with a bandage.

About one hour after the operation, the bandages and dressings, were found to be considerably tinged with blood, although not enough to make the surgeons open them, and the patient complained of experiencing a considerable degree of pain. The pulse 80, and rather feeble.

29th. There has been a good deal of bleeding during this day and the last night. The foot is extremely painful. Bowels open. Pulse 80.

30th. No pain, warmth, or sensation in the foot whatever. The toes have assumed a gangrenous and livid appearance, and a small black vesicle has arisen upon the middle of the foot, just above the toes. There is a dull, heavy look in the eyes of the patient, having a delirious appearance, although he acts and talks collectedly. The pulse is quick, weak, and intermitting, and the whole of the symptoms are very unfavourable.

℞ *Carbonat. Potassæ* ʒij.
Aq. Fontan. ʒviij.
Tr. Opii. M. xl.
Syr. Simplex. ʒiij. M. *Capiat æger.* ʒj. *c. Cochl. Succi. Limon. 4ta. quaque hora.*

A warm poultice to be applied to the foot.

31st. The foot has, to-day, in some degree recovered its sensation, a touch being now felt, although otherwise quite free from pain. Pulse 96, quick, and stronger than yesterday. The wildness of look has also disappeared.

This operation was performed by the assistant-surgeon (Mr. Guthrie) before the surgeons met at the usual hour, (about half-past twelve o'clock,) and, in the absence of almost all the pupils, although it was half-past *eleven* before the patient was brought in. The operator doubtless had good reasons for this, but the pupils who were absent were not *quite pleased* that they were thus deprived of the sight of the operation, and the usual remarks of the surgeons, in such cases.

* See Page 350

Continued Page 350

ST. GEORGE'S HOSPITAL.

Friday, August 27. Mr. Ewbank operated this morning for stone in the bladder.

The patient had laboured under the disease for several years, and was so great a sufferer by it, that he had the appearance of being at least ten years older than he really was (49).

Mr. Ewbank chose the high operation, and having placed the patient upon a table, with the trunk of the body inclining backwards, he made an incision directly downwards, two inches and a half in

length, to within half an inch of the pubes, through the integuments: he then, by depressing the handle of a catheter, previously introduced into the bladder, was enabled to make a small hole into that viscus, without wounding the peritoneum, which, at this place, does not cover it; and afterwards slit up the neck of the bladder with a probe-pointed bistoury, guided by the finger. A considerable degree of difficulty was found in extracting the stone, and the wound in the bladder was obliged to be enlarged before it could be effected. The operation lasted, in the whole, nine minutes and a half.

POISON AND THE NEW STOMACH-PUMP.

Mr. Robert Skellern, aged about twenty-six years, residing three miles and a half from town, and who had been long confined, and reduced to the lowest state of debility and emaciation, by a painful disease, had administered to him, through the mistake of the nurse-tender, on Sunday night last, at about ten p.m., one ounce and a half of the acetous tincture of opium. This mistake was no sooner discovered than the unfortunate patient, with agonized feelings, requested to be conveyed immediately to Dublin, in order to have the aid of his professional attendant Mr. Hewson, of No. 17, French-street. The patient reached town at twelve o'clock; at this time the poison was strongly manifesting itself on him. A solution of ten grains of the sulphat of copper was administered, and attempts were made to excite the action of vomiting by irritating the fauces with a quill and the finger. This, however, took place very imperfectly, so that only a mouthful or two were thrown up. The symptoms of the poison were every moment gaining ground. In half an hour another dose of the sulphat of copper was poured down his throat; for at this time he was nearly incapable of swallowing. This dose seemed to be productive of even less good effect than the first in causing an evacuation of the stomach, which seemed to have entirely lost all its contractile powers. The case now appeared to be altogether hopeless—all the vital powers were sinking to the lowest ebb—the extremities were cold—the pulse could not be felt at the wrist—the body was bedewed with a cold, clammy sweat—vision had failed—delirium had set in—and the countenance had collapsed and assumed a deadly paleness, so that to the bystanders he appeared at the point of expiring. Finding that the above-mentioned powerful emetic had totally failed, and as a perseverance in it would only tend to hasten the case to a fatal termination, Mr. Hewson now determined, as a last resource, on trying Mr. Juke's lately invented apparatus for extracting poisons from the stomach, which he had fortunately procured, and with a success equally fortunate and unexpected, the nauseous contents of the stomach were quickly withdrawn, and in the same proportion the patient began to revive. Mr. Hewson continued the process until the stomach appeared to be completely cleansed, and no other effects of the poison showed themselves, except those that were the result of a small portion of it

having been absorbed. These were also by suitable means subdued, and the patient is now in a more favourable state than before the accident.

The result of this case is most gratifying, but we are astonished that Mr. HEWSON should have so long risked the life of his patient by delaying to employ the pump; and it shows the imperative necessity which exists for every medical practitioner keeping the stomach-pump in his possession; and should any one lose a patient from such omission, his conduct would be culpable in the extreme.

TO CORRESPONDENTS.

The letter of An Old Practitioner next week.

Nauticus—we cannot obtain them.

Other Correspondents must stand over.

ROYAL NATIONAL BATH COMPANY,

1, Lancaster Place, Waterloo Bridge.

CAPITAL £250,000.

Directors.—Sir Walter Stirling, Bart., Chairman, John Gosling, Esq., Deputy Chairman, Robert Child, Esq., Harry Cook, Esq., John Farquhar, Esq., Frederick Fincham, Esq., Joseph Moore, M. D., Sir F. M. Ommanney, M. P., William Rothery, Esq., Richard Saunderson, Esq., Charles Smith, M. D., W. G. Stirling, Esq.

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Architects.—Messrs. Bantock, Geary, and Lewer, Cornhill.

Solicitor.—George Abbott, Esq., Mark Lane.

Of the necessity which exists for the construction of Public Baths, there cannot be two opinions; whether it be considered as affording the means of indulging in a recreation so essential to health in a crowded neighbourhood, with a dense and smoky atmosphere; or as the means of removing a great public nuisance, as respects the indecent exposure of thousands daily, which banishes the inhabitants from the most salubrious spots around the metropolis; in either case, these objects cannot but meet with extensive public support. In submitting the conditions upon which a Joint Stock Company has been formed for this purpose, few observations are necessary.

Amongst the most serious evils which arise from the want of proper Baths, the numerous instances of drowning cannot be forgotten; the accidents which happen to bathers in the Thames, the Serpentine, and other rivers, from the inequality of the depth, &c., daily exhibit melancholy proofs of premature mortality, and involve whole families in grief:—these would be remedied by the formation of convenient Baths, under proper regulations; for where all the attendants will be professed swimmers, and the Baths of a known depth, a fatal accident will be next to an impossibility.

The Establishment of the National Baths can scarcely be deemed a speculation; unlike the building of Bridges, the excavation of Canals and Tunnels, or the making of Roads, which in their progress meet with innumerable unforeseen difficulties, this undertaking is merely mechanical, and is susceptible of calculation to the last fraction of expense;—this enables the projectors to demonstrate that the probable returns to Proprietors, for Capital invested, will be more efficient than those of the most promising undertakings. In calculating upon the patronage of all classes, it must not be forgotten, that what is loudly called for on all hands, as the means of gratifying the Public, and what is recommended

by every member of the Faculty, as a renovater and preservative of health, cannot lose its virtue by possession, or its efficacy by facility of attainment.

It is proposed to construct the Baths of all the chief Establishments upon a scale of magnificence which will do honour to the architecture of the country, and become splendid ornaments to the metropolis; to combine all the varieties of Hot, Cold, Salt, Shower, Vapour, Medicated, and Pleasure Bathing, with the additional gratifications of Reading-rooms, and other amusements.

Other Baths, suitable to the relative conditions of the inhabitants, will also be constructed in various parts of the city and suburbs, so that all ranks of the community will be enabled to enjoy the benefits of Bathing.

The Capital to be invested is 250,000*l.*, and this sum is to be raised in 50*l.* Shares; but a power is given to the Directors to increase the said Capital to 300,000*l.* if they hereafter think proper, the present Proprietors having the preference in the purchase thereof. Two pounds deposit or instalment is to be paid upon each Share at the purchase thereof, and a further instalment of three pounds on signing the deed of settlement; two months' notice shall be given of the last day on which the said deed shall be open for signatures. Other calls will be made upon the Shareholders as the Directors may think necessary; but such calls shall not exceed five pounds per share at any one time, and two months' notice shall be given of every such call, and the instalments must be paid upon the shares as they become due.

No person shall be allowed to hold, in his or her own right, more than Forty Shares.

The holders of five shares or upwards shall be entitled to attend general courts, and to give one vote on all business which may be legally brought forward; and the holders of fifteen shares shall be entitled to give two votes; and the holders of twenty-five shares, three votes; and the holders of forty shares, four votes.

No person is eligible to the office of Director or Auditor unless he hold, in his own right, ten shares.

Applications for the remaining shares must be made in writing, addressed to the Directors, at the Office of the Company, before the end of the present month: such applications will be considered of as soon as possible, and answers returned.

In a few days will be published a New Edition of

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The following Courses of Lectures will be commenced at this School on Friday, the 1st of October at 2 o'clock.

On the Theory and Practice of Medicine, by Dr. Hue.
On Anatomy and Physiology, by Mr. Abernethy.
On the Theory and Practice of Surgery, by Mr. Abernethy.
On Chemistry and Materia Medica, by Dr. Hue.
On Midwifery, by Dr. Gooch and Dr. Conquest.
Practical Anatomy with Demonstrations, by Mr. Stanley.

Further particulars may be obtained by application at the Anatomical Theatre of the Hospital.

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